



TRANSMITTAL FORM

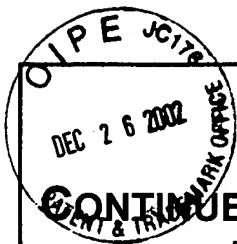
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Application No.	08/873,601
	Filing Date	June 12, 1997
	First Named Inventor	NOLAN, et al.
	Examiner Name	T. Friend
	Group Art Unit	1627
Attorney Docket No.		A-63915 (467802-00068)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination Exhibit A
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Robin M. Silva, Reg No. 38,304 Dorsey & Whitney LLP	
Signature	<i>Robin M. Silva</i>	
Date	December 17, 2002	

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CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Washington, DC 20231 on this date:			12/17/02
Typed or printed name	Mary McFarland		
Signature	<i>Mary M Farland</i>	Date	12/17/02



\$RCE/1627

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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See the American Inventors Protection Act of 1999 (AIPA)

Application Number	08/873,601
Filing Date	June 12, 1999
First Named Inventor	NOLAN, et al.
Group Art Unit	1627
Examiner Name	T. Friend
Attorney Docket No.	A-63915

Box RCE

Commissioner of Patents
Washington, D.C. 20231

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above captioned application.

1. Submission required under 37 C.F.R. § 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered.)
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other: _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (including Form PTO-1449 and References)
- iv. ☒ Other: **Exhibit A**
Petition for Extension of Time

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370.00 OP

2. Miscellaneous

- a. ☐ Suspension of action on the above-captioned application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed three months; Fee under 37 C.F.R. § 1.17(l) required.)
- b. ☐ Other: _____

3. Fees The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

- a. ☒ The Fees are calculated as follows:
- | | AMOUNT | <input type="checkbox"/> Large Entity | <input checked="" type="checkbox"/> Small Entity |
|--|--------|---|--|
| i. <input checked="" type="checkbox"/> RCE BASIC FEE | \$ 370 | \$ 740.00 | \$ 370.00 |
| ii. <input checked="" type="checkbox"/> EXTENSION FEES | \$ 460 | One-Month \$ 110.00
Two-Month 400.00
Three-Month 920.00
Four-Month 1440.00
Five-Month 1960.00 | \$ 55.00
200.00
460.00
720.00
980.00 |
| iii. <input type="checkbox"/> OTHER (5 TOTAL CLAIMS IN EXCESS OF 22) | \$ | \$ 18.00 | \$ 9.00 |
- b. ☒ Check in the amount of \$ **830** is enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to **Deposit Account No. 50-2319**.
- c. ☐ The Commissioner is hereby authorized to charge the fees as indicated above, charge any variance or credit any overpayments, to **Deposit Account No. 50-2319**.

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name

Robin M. Silva

Registration No.

38,304

Signature

Robin M. Silva

Date

12/17/02

